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Effecti	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27				Application Number		10/624,525-Conf. #6670		
				Filing Date		July 23, 2003		
				First Named Inventor		Shunichiro NONAKA M. R. Milia		
				Examiner Name				
				Art Unit		2625		
TOTAL AMOUNT OF PAYMENT		(\$) 460.00		Attorney Docket No.		0649-0903P		
METHOD OF PAYMEN	IT (check all th	nat apply)						
Check Credit	Card M	loney Order	No	ne Other (please iden			
x Deposit Account Dep	osit Account Numb	вг02-	2448	Deposit a	Account Nar	ne: Birch, Stewart	, Kolasch & E	Birch, LLP
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	37 CFR 1.16 a	nd 1.17						
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
		Small Entity	36	Small Entity	EXAM	Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$	Fee (\$)	Fees F	aid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims	3						370	185
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depend								
HP = highest number of total of						Fee (\$)	Fee Paid (\$	1
			Eas	Paid (\$)	_			-
4 4 =	x x	ee (\$)	ree	aiu (#)				
HP = highest number of indepe	ndent claims paid	for, if greater tha	n 3.					
3. APPLICATION SIZE FE								
If the specification and d		d 100 sheets o	of paper	(excluding electr	onically	filed sequence or	computer	
listings under 37 CFR	1.52(e)), the	application siz	re fee du	ie is \$260 (\$130 t)
sheets or fraction ther								
Total Sheets								
100 = 4. OTHER FEE(S)				(round up to a wis	ole numbe	n) x	Food	Paid (\$)
Non-English Specifica	tion \$130 fee	(no small en	tity disc	ount)			1.603	
Other (e.g., late filling surcharge): 1252 Extension for response within second month 460.00								
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SUBMITTED BY	() (// /	#4c.	135	Registration No. (Attorney/Agent)	39.49	Telephone	(703) 20	5-8000
Name (Print/Type) Michael R, Cammarata Date							May 12, 2008	
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